Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: <u>January – March 2016</u> Grantee Name: <u>Catholic Charities of the Archdiocese of St. Paul/Minneapolis</u>

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	0	8	10	8	4	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
17*	10	3	0	*includes 1 Decision-Making only client

3. Client Marital Status:

Married	Not Married	Marital Status Unknown	
9	21	0	

4. Client Race:

Race: White	Race: African- American	Race: African- African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
8	3	7	1	9	2	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown	
2	28	0	

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

- 1. Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20th covers the period January 1 March 31st; report due July 31st covers the period April 1 June 30th, etc.).
- 2. Enter your organization name.
- 3. Numbers 1 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 5 that were collected during the stated reporting period.
- **4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter.
- **5.** Reuse the form each quarter.